

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
Governor's Office			
Division, Department, or Region (if applicable)			
Street Address			
State Capitol, Sacramento, CA 95814			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
(916) 445-0873			
Agency Contact (name and title)			
Dan Maguire, Deputy Legal Affairs Secretary			

2. Donor Name and Address

☐ Individual _____ ☒ Other Hannover Fairs USA, Inc.
 Last Name First Name Name
 100 W. Broadway, Suite 210 Long Beach CA 90802
 Address City State Zip Code

event organization

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) See Exh. A \$ See Exh. A
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Hannover, Germany

<u>See Exh. A</u>	\$ <u>0</u>	\$ <u>See Exh. A</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>See Exh. A</u>
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:


Hannover Fairs paid for lodging for members of the Governor's Staff who staffed the Governor during his trip to Germany.

Identify the officials for whom the payment was used:

<u>See Exh. A</u>	<u>See Exh. A</u>	<u>See Exh. A</u>	
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	<u>Andrea Hoch</u>	<u>Legal Affairs Secretary</u>	<u>03/24/09</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)

Exh. A

Name	Title	Department	Date(s)	Lodging Amount
Susan Kennedy	Chief of Staff	Governor's Office	03/02/2009	\$504
Will Fox	Deputy Chief of Staff	Governor's Office	02/24 - 3/03/2009	\$1,636
Clark Blanchard	Director of Advance	Governor's Office	02/24 - 3/03/2009	\$1,636
Clay Russell	Asst. to Governor	Governor's Office	03/02/2009	\$396
Matt David	Asst. to Governor	Governor's Office	03/02/2009	\$396
Total				\$4,568